

1 cf. 2

CLAIMS ONLY							Application Number 10/699,563	Filing Date				
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend			Indep	Depend	Indep	Depend
1							51					
2							52					
3							53					
4							54					
5							55					
6							56					
7							57					
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10							60					
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43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep							Total Indep					
Total Depend							Total Depend					
Total Claims							Total Claims					

2 of 2

CLAIMS ONLY						Application Number 10/699563	Filing Date	
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
101							151	
102							152	
103							153	
104							154	
105		12					155	
106		12					156	
107		12					157	
108							158	
109							159	
110							160	
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145							195	
146							196	
147							197	
148							198	
149							199	
150							200	
Total Indep	2						Total Indep	
Total Depend	54						Total Depend	
Total Claims	56						Total Claims	